Medical Policy:

Aveed® (testosterone undecanoate) Intramuscular

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.134	April 2, 2024	

The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as "EmblemHealth"), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Aveed is indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone.

1. Primary hypogonadism (congenital or acquired): testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter's syndrome, chemotherapy, or toxic damage from alcohol or heavy metals. These men usually have low serum testosterone concentrations and gonadotropins (follicle-stimulating hormone [FSH], luteinizing hormone [LH]) above the normal range.
2. Hypogonadotropic hypogonadism (congenital or acquired): gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation. These men have low testosterone serum concentrations but have gonadotropins in the normal or low range.

Length of Authorization

Coverage will be provided for 12 months and may be renewed.

Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:
750 billable units at week 0 and 4 initially, then every 10 weeks thereafter

Guideline

I. Initial Approval Criteria

Aveed *may be considered medically necessary if the below conditions are met* ***AND*** *use is consistent with the medical necessity criteria that follows:*

1. **Primary and Hypogonadotropic Hypogonadism**
    A. Member is at least 18 years of age; **AND**
    B. Pre-treatment morning total testosterone of less than 300 ng/dL (or below lower limit of normal by the testing laboratory); **AND**
    C. Patient has signs and symptoms consistent with hypogonadism (e.g., low libido, decreased morning erections, loss of body hair, low bone mineral density, gynecomastia, small testes, etc.); **AND**
    D. Diagnosis is confirmed by one of the following:
        i. Repeat morning total testosterone test (as above); **OR**
        ii. Pre-treatment free testosterone of less than 50 pg/mL (or below lower limit of normal by the testing laboratory); **AND**
    E. Patient had an inadequate response (or contraindication or intolerance) to a 3 or more-month trial with a topical agent such as testosterone gel, testosterone patch, bio-adhesive buccal testosterone, testosterone nasal gel, testosterone topical solution, etc.; **AND**
    F. Patient had an inadequate response (or contraindication or intolerance) to a 3 or more-month trial with an alternative injectable agent (i.e., testosterone cypionate or testosterone enanthate)

Limitations/Exclusions

Aveed is not considered medically necessary for when any of the following selection criteria is met:
1. Men with carcinoma of the breast or known or suspected carcinoma of the prostate
2. Safety and efficacy of Aveed in men with "age-related hypogonadism"
3. Safety and efficacy of Aveed in males less than 18 years old have not been established
4. Women who are or may become pregnant, or who are breastfeeding. Testosterone can cause fetal harm when administered to a pregnant woman. Aveed may cause serious adverse reactions in nursing infants. Exposure of a female fetus or nursing infant to androgens may result in varying degrees of virilization

II. Renewal Criteria

1. Patient continues to meet INITIAL APPROVAL CRITERIA; **AND**
2. Absence of unacceptable toxicity from the drug. *Examples of unacceptable toxicity include the following: serious pulmonary oil microembolism (POME) reactions and anaphylaxis, prostatic hypertrophy/carcinoma, polycythemia, venous thromboembolism, azoospermia, myocardial infarction and stroke, edema with/without congestive heart failure in those with preexisting cardiac/renal/hepatic disease, gynecomastia, hepatic dysfunction (e.g., jaundice), sleep apnea, severe changes in lipid profile, hypercalcemia, signs of abuse or dependence, etc.*; **AND**
3. Patient's testosterone levels (within the preceding 28 days) do not exceed the upper limit of the normal range for the testing laboratory (generally mid-range is targeted); **AND**
4. Patient has an improvement in signs and symptoms; **AND**
5. Patient has not had a PSA increase of > 1.4 ng/mL above baseline or an absolute level > 4.0 ng/mL

Dosage/Administration

Indication	Dose
Primary and Hypogonadotropic Hypogonadism, Male	Aveed is for intramuscular use only. Dosage titration is not necessary. The recommended dose of Aveed is 3 mL (750 mg) injected intramuscularly, followed by 3 mL (750 mg) injected after 4 weeks, then 3 mL (750 mg) injected every 10 weeks thereafter.

Applicable Procedure Codes

Code	Description
J3145	Injection, testosterone undecanoate, 1 mg, 1 billable unit = 1 mg

Applicable NDCs

Code	Description
67979-0511-43	Aveed single use vial; 250 mg/ml solution

ICD-10 Diagnoses

Code	Description
E23.0	Hypopituitarism
E29.1	Testicular hypofunction
E89.3	Postprocedural hypopituitarism
E89.5	Postprocedural testicular hypofunction

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	4/2/2024	Annual Review: Added dosing limits, removed E23.6, added E89.3 and E89.5. Initial Criteria: Primary and Hypogonadotropic Hypogonadism: Removed: "Members have at least 2 confirmed low morning serum total testosterone concentrations based on the reference laboratory range." Updated to read: "Pre-treatment morning total testosterone of less than 300 ng/dL (or below lower limit of normal by the testing laboratory); AND Patient has signs and symptoms consistent with hypogonadism (e.g., low libido, decreased morning erections, loss of body hair, low bone mineral density, gynecomastia, small testes, etc.); AND Diagnosis is confirmed by one of the following: Repeat morning total testosterone test (as above); OR Pre-treatment free testosterone of less than 50 pg/mL (or below lower limit of normal by the testing laboratory); AND Patient had an inadequate response (or contraindication or intolerance) to a 3 or more-month trial with a topical agent such as testosterone gel, testosterone patch, bio-adhesive buccal testosterone, testosterone nasal gel, testosterone topical solution, etc.; AND Patient had an inadequate response (or contraindication or intolerance) to a 3 or more-month trial with an alternative injectable agent (i.e., testosterone cypionate or testosterone enanthate)" Renewal Criteria: Removed: "Patient achieved and/or maintained a positive clinical response to therapy." Added: "Absence of unacceptable toxicity from the drug. *Examples of unacceptable toxicity include the following: serious*

		pulmonary oil microembolism (POME) reactions and anaphylaxis, prostatic hypertrophy/carcinoma, polycythemia, venous thromboembolism, azoospermia, myocardial infarction and stroke, edema with/without congestive heart failure in those with preexisting cardiac/renal/hepatic disease, gynecomastia, hepatic dysfunction (e.g., jaundice), sleep apnea, severe changes in lipid profile, hypercalcemia, signs of abuse or dependence, etc.; AND Patient's testosterone levels (within the preceding 28 days) do not exceed the upper limit of the normal range for the testing laboratory (generally mid-range is targeted); AND Patient has an improvement in signs and symptoms; AND Patient has not had a PSA increase of > 1.4 ng/mL above baseline or an absolute level > 4.0 ng/mL"
EmblemHealth & ConnectiCare	7/28/2023	Annual Review: No Criteria Changes
EmblemHealth & ConnectiCare	3/30/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	06/01/2020	Annual Review: Highlighted covered indications for Primary and Hypogonadotropic Hypogonadism
EmblemHealth & ConnectiCare	04/07/2020	Added under Limitations: -Men with carcinoma of the breast or known or suspected carcinoma of the prostate -Safety and efficacy of Aveed in men with "age-related hypogonadism" -Safety and efficacy of Aveed in males less than 18 years old have not been established -Women who are or may become pregnant, or who are breastfeeding. Testosterone can cause fetal harm when administered to a pregnant woman. Aveed may cause serious adverse reactions in nursing infants. Exposure of a female fetus or nursing infant to androgens may result in varying degrees of virilization -Updated Dosing per FDA label

References

1. Aveed [package insert]. Malvern, PA: Endo Pharmaceuticals Solutions Inc.; May 2015.